

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51
2		1					52
3		1					53
4		1					54
5		4					55
6		4					56
7		1					57
8		1					58
9		1					59
10		1					60
11	1		1				61
12		1		1			62
13		1		1			63
14		1		1			64
15		4		4			65
16		4		4			66
17		1		4			67
18		1		4			68
19		1		4			69
20		1		1			70
21							71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
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36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	2		1				TOTAL IND.
TOTAL DEP.	30	←	24	←	←	↓	TOTAL DEP.
TOTAL CLAIMS	32		25			↓	TOTAL CLAIMS